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...acies Concerning Syphilis.

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By E. L. Keyes, M. D.,

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SOME FALLACIES

CONCERNING SYPHILIS.

— BY —

E. L. KEYES, M. D.,

Consulting Surgeon to Bellevue, Charity, St. Elizabeth's, and Skin and Cancer Hospitals of New York; Professor Genito-Urinary Surgery, Syphilography and Dermatology. Bellevue Hospital Medical College (1874 to 1889).

1890.
GEORGE S. DAVIS,
DETROIT, MICH.

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1890.

Some Fallacies Concerning Syphilis.

1.

Syphilis is necessarily a severe disorder, disfiguring its possessor, entailing social ostracism, destroying the domestic life of its victim, and impressing its stamp upon his issue from generation to generation.

2.

There are essential differences in the quality of the syphilitic poison—in other words, there is a mild and a virulent syphilis, *per se*.

3.

A local sore appearing upon the penis after sexual exposure, necessarily means that a poisoning of some sort has been experienced, while a recurrence of sores upon the penis without further exposure is proof positive of syphilis.

4.

Syphilis is at first a local disorder, capable of modification by local treatment.

5.

Syphilis is acquired only during sexual contact, and is contagious only through that channel.

6.

A person with syphilis is so poisoned that he may communicate the malady by any contact of his body with that of another.

VI.

7.

Mercury is an evil only less serious than syphilis itself, and to be accepted in the treatment of syphilis on the same ground that one would advocate jumping from a high window in order to escape from a burning building.

8.

Mercury, when used by the method called "the tonic treatment," effects a cure by virtue of its tonic action.

9.

Mercury cures syphilis.

10.

The iodides are less harmful, and as effective, in the treatment of syphilis, as mercury.

11.

The treatment of syphilis consists only in the use of mercury and the iodides.

12.

Syphilis in the parent often shows itself as scrofula in the children.

13.

The Hot Springs of Arkansas have some specific effect in modifying the syphilitic poison, curing the disease, or at least shortening its duration.

PREFACE.

I have thrown together the following thirteen fallacies which I find to be entertained, to a greater or less extent—by the profession or the public, as the case may be—for the purpose of making a running commentary upon them, with a view to help to spread abroad what seem to me to be correct views. If I differ anywhere from what others believe, I am willing to be held responsible. My opinions are stated without reserve, and they are honest ones.

E. L. KEYES.

1 Park Ave., Oct. 14th, 1889.

SOME FALLACIES CONCERNING SYPHILIS.

FALLACY NO. I.

Syphilis is necessarily a severe disorder, disfiguring its possessor, entailing social ostracism, destroying the domestic life of its victim, and impressing its stamp upon its issue from generation to generation.

There is an Eastern saying that runs somewhat in this wise: "Whenever you mount your horse, do so with a prayer upon your lips, for the grave lies open before you." Yet who would venture, out of this sententious crystallization of an obvious truth, to evolve the broad generalization that equestrianism is a fatal exercise.

It is from generalizations like this that syphilis has suffered. Syphilis is indeed a picturesque malady, full of surprises; occasionally startling us by the severity of its developments, and often doing some thing that is unexpected. Yet on the whole, in the whole, in the present day and generation, in this country, it is far from being the severe malady which it is reputed to be generally, among the laity, and largely by the profession.

On the contrary, cases that are carefully watched and properly handled, as a rule do very well, and the

disease has gained probably more credit for medical skill than most other maladies, on account of the facility with which its symptoms may be managed by appropriate medication.

Those who see much of syphilis, undoubtedly, have learned that it is not, usually, a disastrous disease. But it has been my unfortunate, (perhaps,) experience to see so many young men who, when they find themselves to be the victims of this malady, feel that they have lost all hope of success in life, and that their malady practically ostracises and places them beyond the pale of polite society, making them feel as though when they appear someone should go in front of them and cry out unclean, that I cannot fail to signalize this as one of the special fallacies by which the disease is misjudged and to raise my voice against it for what it is worth.

As for the mortality of the disease Dr. Van Buren, my late associate, has often expressed to me the opinion that gonorrhœa, indirectly, is more often the cause of death than is syphilis; and when we consider the far-reaching influence of gonorrhœa, notably its effects upon the Fallopian tubes in the other sex, and its indirect effect upon the issue of those who come under its influence, and when we reflect that bladder and kidney disease often arise as a direct consequence of a gonorrhœa which has resulted in stricture, one may appreciate why this conclusion is capable of being sustained upon rational grounds.

But even allowing that such a statement is overdrawn, it is, I believe, certain that, considering its relative gravity, syphilis has, very often, little to do with terminating the life of the individual who possesses it. On the contrary, he generally lives out his term and dies of some disorder entirely independent of the one in question.

Some insurance companies have adopted this conclusion, and placed patients who have had syphilis and been treated by mercury for a sufficient period, after a certain number of years have elapsed, upon the same footing in rating the risk, with other individuals who have not had the malady.

As for the personal disfigurement of syphilitic patients, I believe that the public greatly over-rate the risk of this misfortune.

Syphilitic patients, regularly seen and systematically treated, as a rule, escape all permanent physical blemishes; and, although this rule has its exceptions, and the exceptions are sometimes undoubtedly very brilliant, nevertheless, as a rule, I think it is capable of abundant demonstration.

The social status also of the syphilitic individual is influenced almost entirely from moral considerations. He exagerates the possibilities of his disorder, and, fearing disclosure, denies himself to a certain extent to society, and often runs away from his associates during the eruptive period, feeling that they will see what he knows, and that his disease is

written out as plainly upon his face as it is in his mind. That this fear is an expression of morbid self-consciousness is clearly demonstrated by the faithful wife, who has acquired syphilis from her husband and is unconscious of the fact. Innumerable instances of this sort might be cited, where the patient has passed through her entire disorder, perfectly ignorant of its nature, attending to her duties and mingling with her associates as usual, without any of that unnatural sensitiveness which is felt by the possessor of the malady who has acquired it in a guilty manner.

Finally, regarding the alleged transmission of the taint from one generation to another, in this particular, also, I believe that the public estimate is vastly in excess of the truth.

Many years ago, when I was much younger in my knowledge of this malady than I am at present, I counted the children of young men who had passed through their syphilitic course under my observation, and counted over a hundred children, their issue, none of whom presented any evidence of an acquired syphilitic taint.

I can make the same remark to-day. The number of children I hesitate even to guess at, but it is very considerable.

I never have seen a syphilitic child born from a syphilitic father, where the mother remained healthy, when the child was conceived after the beginning of the fifth year from chancre, and when the patient had

been treated systematically by mercury for a prolonged period.

As for inheritance in the third generation, I do not believe, from my own observation, that it ever occurs. Two or three isolated cases are on record which endeavor to uphold the possibility of second-hand transmission, but in any case it would take more than two or three exceptions to upset an established rule, and even the exceptions are mostly observed in a manner which does not carry conviction with it.

If all these foregoing views appear more rose-colored than is sustained by the actual fact, I can only remark in justification that I have made my statements in a rather pronounced manner because my object is to contravert a fallacy, and the one picture should be as well defined as the other. Yet, candidly, I believe my statements are accurate for the vast majority of instances, and it has been my happy experience to feel gratified with my general policy of having encouraged syphilitic patients in the belief that the amount of suffering they are to experience will be largely in accordance with their own conduct; and the result has justified my convictions more often than the contrary.

Syphilis is a serious malady in two senses. The possibility of severe and unexpected outbreaks during the activity of the malady, and the uncertainty as to obscure internal and, often, serious disorder, (possibly fatal), affecting the viscera, notably the brain and

spinal cord late in the disease, long after all surface manifestations have ceased.

This latter is the one grave aspect, the other is the annoying one; namely, the unceasing tendency to relapse, observed in a certain fair majority of the cases, the annoyance created by everlastingly recurring mucous patches and other mouth symptoms, the pertinacity with which such sets of symptoms remain as localized cutaneous lesions and some localized affections of bone, which resist treatment and persist for a very long period, to the great distress of the patient and annoyance of the physician.

The shattered constitutions, wrecks of life, found in the course of syphilitic disease, where the internal organs have been permanently damaged, the bones of the nose and throat or other portions of the skeleton seriously compromised, where cachexia and general failure of all the vital organs have resulted, where paretic and paralytic symptoms, unevenly distributed, have made life a burden,—all these distressing evidences of the severity of the disease are constantly encountered, yet their number is not great when compared with that of the enormous multitude, who may be claimed, legitimately, by syphilis as its victims, and who have yet escaped any permanent damage.

As a rule also, other things being equal, the patient is often more responsible for the severity of his attack than any other one influence.

Over-excited, at the beginning, his zeal expends itself, and when he finds that his malady does not amount to as much as he supposed it would, he yields to irregularities of life, neglects his treatment, indulges again in dissipation, and thus draws down upon himself a revenge which he, afterwards, is liable to ascribe to the natural malignancy of the disease, or to the inefficiency of the physician who had its treatment in charge.

A given syphilis may be malignant in the case of an individual who leads an exemplary life, but many cases that would have undoubtedly been mild, become severe through the carelessness, the viciousness, or the indifference of the possessor.

FALLACY NO. II.

There are essential differences in the quality of the syphilitic poison—in other words, there is a mild and a virulent syphilis *per se.*

This fallacy seems to have a pretty strong hold upon the lay community. I find myself quite frequently confronted by the question as to whether syphilis in a given case is of a severe type or not, my answer being expected to be influenced by the source from which the poison has been derived.

My personal belief is, that this is not generally a matter of the least importance. There is but one syphilis; like the sun, it shines for all; but its effect is different according to the soil upon which it germinates. People have an idea that there is some especial virulence naturally attaching to the acquisition of syphilis in China, in South America, in Central America, or elsewhere; but, with a slight reserve on a certain ground which I shall presently allude to, I do not believe that this difference exists as a matter of fact.

I have frequently observed a very mild syphilis which has been derived from a source of excessive virulence, and, on the other hand, many instances in which the type of the disease has been severe where the source from which it has been derived is found to be exceedingly mild.

My belief is, that the physical peculiarity of an

individual, so far as regards his aptitude for syphilitic cultivation, shows itself up when the poison is acquired; and that the virulence of the disease depends more upon the physical status, as to syphilis, of the individual who acquires it, than it does upon the source from which he derives it.

What this physical peculiarity is, I do not know. It is not necessarily a depraved constitution. It is not, apparently, the possession of the scrofulous, tubercular, or the rheumatic diathesis. Other things being equal, patients with these additional tendencies to physical deterioration might be expected to show up unfavorably under the influence of a new depressing agent such as the syphilitic poison; and, in fact, they very often do so, but not necessarily.

I have seen scrofulous, tubercular, cachetic, rheumatic, and malarial patients, have syphilis in an exceptionally mild manner; and, on the other hand, I have seen most severe syphilitic manifestations occur in individuals possessing otherwise the most brilliant health.

That there is something special and peculiar in the physical state of the individual, which allows him to show up badly under the overshadowing influence of the syphilitic poison, I believe capable of demonstration by recalling two sets of facts. In the first place, I have on several occasions treated two or three men, members of the same family, and possessing the same physical traits, diathetic peculiarities,

and general constitutions, who have acquired their syphilis from different quarters and at different times of life respectively, and I have noticed that the type of disease in these cases was quite uniform, in the various instances which have come within my range of observation.

A second and still stronger well-known fact, bearing upon the point now under consideration, is this: Children, it is well known, have stronger constitutions, and are physicially in better general condition than adults; yet the physical soil of childhood seems to be the best for syphilis to develop upon, and the disease acquired in childhood is much more often fatal than when it has been taken on at any later period of life. No demonstration of this can be more convincing than the various epidemics of vaccinal syphilis which have been recorded from time to time. The mortality, in these instances, is tremendous, and it seems to bear no relation to the country, or section, or district in which the epidemic of vaccinal syphilis occurs, and to have no close relation to the diathetic or constitutional status of the infants vaccinated.

In one respect, however, there seems to be a difference in the virulence, the actual virulence, of the syphilitic poison, namely, in its perpetuation upon members of the same national family. The syphilitic poison, in other words, seems to become, finally, acclamatized in a given country, and to become less virulent the longer it lasts in that country, so far as

the inhabitants of that country are concerned, but not for others.

It has been stated that, in Portugal, practically everybody has syphilis, and that the type of the disease there is exceedingly mild. It is well known also that when syphilis has been carried by sailors and planted upon an island where the disease had been hitherto unknown, that the virulence of the type of the malady becomes intense and its mortality relatively very high. This, in a measure, accounts for certain facts that have been observed: namely, that sailors suffer, as a rule, more severely from syphilis than other individuals in the same community. The reason for this is probably to be found in the fact that they pick up their syphilis in foreign ports, and acquire that form of disease which has not been acclamatized to their particular style of physical constitution.

In this way it may be, and, doubtless is, sometimes a fact, that a stranger travelling in China, in South America, in Central America, or elsewhere, and getting syphilis, acquires it in a more severe form than he would have done had he been poisoned by the home product which had been bred in-and-in upon constitutions similar in peculiarities to his own.

Of course this generalization does not cover all cases. But it seems to me to fit pretty accurately in many instances in which I have observed exceptional results. The truth is, however, it seems to me, that

no syphilis can be pronounced to be either mild or virulent until it has developed itself, and then it accentuates its own type by the manifstation of its own symptoms. Yet a disease apparently mild is not always so, and may in revenge make up for its mildness by a prolongation of its moderate symptoms and an obstinacy in their appearance, which brings despair both to the patient and to the physician. On the other hand, a seemingly desperate case, a virulent one in the beginning of the attack may make up for its severity by disappearing at a comparatively early date. These irregularities are observed sufficiently often to make it possible to signalize the fact.

A constitution which in itself may not be favorable for the development of severe syphilis, may be made so by irregularities of life, excesses of any kind, and especially by drinking, while a certain influence cannot be denied to the patient's constitutional diathesis. This drinking and irregularity of life is another reason, probably, why sailors often have more intense late symptoms than the generality of mankind.

The moral is that when a patient has syphilis he should keep himself constantly in mind, and lead a regular, sober, and God-fearing life. In this way he stands the best chance of getting only what he is entitled to, which, considering the uncertainty of the disease, ought to be all he is willing to endure.

FALLACY NO. III.

A local sore appearing upon the penis after sexual exposure necessarily means that a poisoning of some sort has been encountered, while a recurrence of sores upon the penis without further exposure is proof postive of spyhilis.

This idea, of course, torments only the ignorant—the medically ignorant; but the number is great in the community of those who, being over-solicitous about themselves on account of the consciousness of morbid dread of the expected horrors of syphilis, regard a little discoloration, a pimple, a vesicle, above all a pustule, upon the penis, with more alarm than they would view a carbuncle upon any other portion of the body.

This dread is made use of by the unscrupulous physician who doses (with or without mercury, as the case may be) his anxious victim for a certain time after each abrasion, or each attack of herpes, and then congratulates him upon the success of treatment in preventing the disease from gaining a foothold upon the rest of the body.

The bad morality of this course is no worse than the folly that endorses it, for sooner or later a true sore,—chancre or chancroid,—appears and then the doctor exposes his incapacity, and the patient seeks other advice.

The truth is, as any observer may easily convince himself, that vastly the greater number of sores as

found at random upon the penis, are abrasions and herpetic outcrops—with a few ordinary pustules and some eczematous spots,—and that these are in no way or sense contagious, or due in any degree to a poison in the party of the second part—although unmistakably they are brought out by friction and local irritation,—and are vastly more common after sexual contact than at any other time.

Then again, every physician has seen persistently recurring attacks of herpes progenitalis—in both sexes,—coming on sometimes after every sexual act, at other times relapsing in an irregular way, at dates having nothing to do with sexual contact And a curious thing about these attacks is a fact that I have often verified by close questioning, namely, this relapsing herpes, the kind that comes on after sexual contact, the kind that comes on after contact with a strange woman, and the kind that relapses spontaneously at irregular intervals without having any immediate association with the sexual act; all these varieties owe their first origin distinctly to a given chancroid, to a badly ulcerated herpetic cluster, or a severe gonorrhœa.

Before the occurrence of this distinctly marked primary affection, the patient has been locally well; after it he suffers for a longer or shorter period from his annoying relapsing malady.

This sequence, of course, does not always exist, but it is common enough to be noticeable, and, I believe, must be recognized as a fact.

Many cases of relapsing herpes, on the other hand, arise, as it were, spontaneously, and continue until the improved health of the patient or the successful employment of remedial means has effected a cure.

Relapsing outcrops of ulcerative trouble under the foreskin, although possible in the course of syphilis (mucous patches), are by no means uncommon, and their occurrence alone is no indication of syphilis, no matter what the form of primary irritation which may have given rise to the recurrent outbreaks.

I have no reason to believe, from personal observation, that herpes is contagious, or that its advent can be ascribed to contact with any especial kind of secretion, or any virus. It does, in many individuals, bear a direct relation to the sexual act—so much so that I have more than once heard a patient excuse himself for not noticing and attending to a syphilitic chancre on the ground that it was quite a common thing for him to have herpes after sexual intercourse, and that on one occasion having a herpetic ulcer that remained sore longer than usual, he shortly found himself covered by an eruptiou which his physician pronounced syphilitic.

FALLACY NO. IV.

Syphilis is at first a local disorder, capable of modification by local treatment.

This fallacy is about equally spread among the public and with physicians, but for different reasons. The patient, either from his own experience or from the assurance of his friends, believes that a local sore upon his penis may be destroyed by burnlng or otherwise, and, in that manner, that he may escape subsequent disease. This belief is encouraged by the cases of individuals who have been alleged to have syphilis by their physicians, and who, after local treatment, have suffered no further discomfort. The truth is, that in these instances the physician has made a faulty diagnosis; but naturally the patient knows nothing of this, and the conclusion as he draws it seems to him to be accurate.

The medical profession, on the other hand, entertain the same idea on account of the encouragement which has been given to this notion by the assertions of German physicians. High authorities about syphilitic matters in Germany have alleged, and still allege, that the destruction of a local sore, if it does not destroy the actual existence of syphilis, at least, modifies the subsequent severity of symptoms.

I believe that this assumption is entirely false. I have myself destroyed a number of chancres, and have treated a greater number of patients whose

chancres had been excised at other hands; and I have no reason to believe that the subsequent syphilis has been in any way modified by this primary treatment. Burning the sore, of course, is not now, in the profession, believed to have any controlling effect upon the subsequent development of symptoms, and I believe that those who advocate the excision of chancre will eventually retire from their position. How long it will take to educate the public up to an understanding of the fact, that, when the chancre appears, syphilis is already well under way, I do not know; but I think that the sooner this undoubted truth is recognized the better it will be both for the patient and for the physician.

A belief in the efficacy of the excision of chancre has still a hold upon the profession in Germany, and to a moderate extent in France. I think it has been practically given up in England and in this country. There is undoubtedly no objection to the excision of chancre. The wound heals quicker than the chancre, and a focus at which in after years a gumma may appear, is disposed of, but to tell a patient that cutting out his chancre will prevent him from having syphilis is a mistake.

FALLACIES NO. V. AND VI.

V. Syphilis is acquired only during sexual contact and is contagious only through the chancre.

VI. A person with syphilis is so poisoned that he may communicate the malady by any contact of his body with that of another.

These fallacies, of course, apply only to the public. No well-educated physician for a moment aquiesces in either of them. Yet they are constantly brought to his notice, and some intelligent suggestions about them, to the patient, are often necessary, in order to shield certain members of the community from the danger in which they exist during the presence of syphilis in their neighborhood.

The idea that syphilis is only acquired during sexual contact, absurd as it is, is so wide-spread that many patients believe that a knowledge by others of the existence of their malady carries with it their own disgrace. Yet all teaching, and all experience, demonstrate that no shrine of virtue is sufficiently impregnable to be able, under all circumstances, to be free from the possible access of syphilis in some of its protean forms, and a person in absolute innocence, one who has never had sexual contact with another, may be a victim of the disease, as well as the most vicious member of the community.

On the other hand, the unnecessary solicitude of patients about syphilis, regarding its contagion, is

equally unwarranted. Many a man feels when he has the disease that he cannot use the same basin with another, or the same towel, or the same bath-tub, and that he must keep his person from any contact, either by shaking hands or in kissing, with those who are about him, and who naturally expect his caresses. It is simply necessary in cases of this kind, to impress the patient with the fact that the earlier manifestations of the disease alone convey the poison through their secretion. I am not aware that it has ever been proved that a gummatous ulcer ever communicated the disease to another.

I know that in one instance it has been alleged that a physician acquired syphilis while operating upon a gummatous necrosis of the forehead, and I know of another surgeon who ascribes his syphilis to a poisoning received from gummatous disease of the anus—but when a physician claims that his syphilis upon the finger is due to a given source, it must be remembered that the same abraded finger has been in many other suspicious neighborhoods besides the one which its owner recalls, and a possibility of error is consistent with the most absolute honesty of conviction. Indeed it seems strange to me that all physicians do not sooner or later become infected, since they are proverbially careless in their habits, and become careless of a danger with which they become familar by constant contact. Their fingers are as subject to hang-nails, and more liable to be covered

by cuts and abrasions, than those of the rest of the community, yet their profession makes it necessary for them to thrust these fingers into all sorts of suspicious and foul cavities, and to manipulate all varieties of contagious sores.

Among the early lesions of syphilis, also, it is well for the patient to know that only those yielding a moist discharge are capable of spreading the disease, and then only when such discharge is brought into contact with an abraded surface upon the person of another.

Kissing is perhaps the most fruitful source of the non-sexual spread of syphilis in the community, and its indulgence, especially in any excessive or protracted manner should be forbidden to patients with mucous patches upon the tongue or lips.

Yet the innocent must and do sometimes suffer. I remember being much impressed on one occasion by the following circumstances:

A modest young girl was brought to the hospital covered with a syphilitic roseola, and with corroborative symptoms of the nature of which there could be no doubt. Examination proved her to be a virgin, and she had no knowledge of any primary sore. Finally a small livid scar was found upon one forearm, and above it engorged, indolent, very large epitrochlear and axillary glands. Upon having her attention called to it, the girl remembered that she had, some months before, scratched this spot with a

pin, and that later upon the scratched area a sore had appeared which had been very slow in healing. It turned out that she was in the habit of taking care of a baby, as nurse; and when the baby was sent for and examined, its anus was found to be still the seat of numerous mucous patches. The parents were poor; the baby did not wear diapers, and the nurse-girl carried it upon her bare arm habitually. The scratch of the pin was the missing link.

The pearly patches of changed epithelium found upon the tongue very late in syphilis, do not convey the poison. They yield no secretion.

The dry, scaling patches on the palm, which so often persist for months, even years, are also, in my opinion, free from the imputation of possibly conveying the disease.

FALLACY NO. VII.

Mercury is an evil only less serious than syphilis itself, and to be accepted in the treatment of syphilis on the same ground that one would advocate jumping from a high window in order to escape from a burning building.

This fallacy includes in its ranks of adherents all the laity and a greater part of the profession. Its adherents are strengthened in their belief by the opinions of many regular and irregular practitioners, and especially by the loud-mouthed pretensions of charlatans who preach, publish, and pretend to practice a cure of syphilis without the aid of that so-called enemy of the blood and bones—mercury.

I believe this general impression to be without any foundation in fact—at least, relatively so. Doubtless, mercury is not as directly useful to a patient's blood as iron, but I believe it to be as harmless as quinine if used in a proper manner. The result of my investigations upon this subject need not be repeated here. They are accessible to all who desire to look into them. The conclusions I have reached were arrived at during my study of the effect of mercury upon the red blood-corpuscles in the treatment of syphilis, and I found, while following up that subject, that in conditions of health, chronic disease, and syphilis, alike, the continued use of small doses of mercury augmented the number of red blood-cells, and was of apparent advantage to the patient.

I do not believe this advantage great enough to justify a patient, in ordinary conditions of health, in resorting to mercury as a tonic; but I know that many of the best physicians in New York city prescribe small doses of mercury in conditions of chronic disease, not syphilitic, involving the lungs, liver, kidneys, stomach, and blood.

It has been maintained with every possible show of accuracy, that the reason the red blood cells are increased under a mild mercurial course is, not because their number is augmented, but because their death is delayed; and it is by arresting the metamorphosis of tissue that the red blood corpuscles are relatively increased and not by an actual tonic influence of the drug. This is very likely the case but is a matter of no importance relatively to the effect aimed at by the physician, and I think it need not be to the patient in consideration of the great benefit to be expected from mercury in the treatment of so serious an enemy to mankind as syphilis.

And even if it were a fact that the prolonged use of mercury did harm, yet time, the great judge of all methods, has as yet failed to offer any other remedy of anything like comparable value in the treatment of syphilis.

The alleged bad effects of the drug are only found after its excessive use, a use which sound medical judgment does not justify. Salivation is rarely ever allowable in the treatment, and the general

opinion of most authorities in all parts of the world is, that mild mercurial medication, more or less prolonged, is essential to the correct management of the disease.

I have had patients continuously upon a mercurial course for three and a half years—and for all periods of less length, and I have yet to see a case in any way, either as to his bones, his nerves, or his digestion, injured by its use.

As for the immediate effect upon the patient's consciousness of well-being, I have on more than one occasion, when it came to be time in my opinion for the continuous mercurial course to be stopped, had the patient seriously ask me whether it would hurt him to continue the course indefinitely on the ground that he had never felt as well in his life as while upon his mild mercurial dose.

FALLACY NO. VIII.

Mercury when used by the method called "the tonic treatment," effects a cure by virtue of its tonic action.

I feel it not unjustifiable to give this statement a position among the fallacies because I am responsible for the name "tonic treatment," and because the view obtains generally in the profession that I have named the long-continued use of mercury in mild doses, "the tonic treatment of syphilis," because I believe that mercury, so used, cures syphilis by virtue of some tonic action possessed by the drug. This position I do not, and have never held. I do believe that mercury in small doses, continuously given, acts practically as a tonic, but it is not because it acts as a tonic that it is useful in syphilis, when administered in this manner. On the contrary, other drugs are more valuable as tonics; but do not, by virtue of their tonic action, cure the disease. They may improve the patient's condition but the disease goes on in its manifestation of symptoms uninterruptedly, in spite of the tonic action of the drug, as for instance, when iron, the vegetable bitters, mineral acids, etc., are used. I only claim, and have claimed, that mercury, used in large doses, in an attempt to abort syphilis or to crowd out the symptoms by its specific power, while it effects its object upon the symptoms, does so to the detriment of the patient, and deteriorates his blood, being in no

wise a tonic remedy. I claim also that the drug may be used continuously, in small doses, so as to eliminate the disease gradually, and to keep the symptoms within check, and perhaps control them entirely, in a majority of the cases, as they are ordinarily encountered, while the drug continues to act as a tonic by increasing the number of red cells in the blood. In this way it is not because it is a tonic that it is useful in syphilis, but because it is a specific; yet its method of use is such, that while exerting its specific action, it still acts also as a tonic, much to the advantage of the patient.

Very often, while used in its tonic form, mercury fails to entirely control symptoms, and under these circumstances, it is of course desirable, even necessary, to increase the dose, and to forego for a time the tonic effect, which I believe should be generally and continuously aimed at during the entire treatment if the patient can be managed and kept under proper observation. Mercury *is* a tonic in small doses, and in small doses always moderates, sometimes controls, the disease, not because it is a tonic but because it is a specific, and the specific effect persists even while it is used in such a way as to be also a tonic in its general effect.

It seems to me that this distinction is clear; and I cannot understand how or why, if it is a fact, anyone can find serious objection to it. That it is a fact, is clear, because I have demonstrated it, and that

demonstration has never been controverted. When it is controverted, it will be time enongh to deny the fact.

My demonstration consisted in proving that mercury used continuously for periods of three years and more, in small doses (and I also proved the small dose to be one-half the quantity that in a given case produced irritative or medicinally specific effects—diarrhæa, or commencing salivation)—that mercury so used, not only, as a rule, moderated the intensity of the syphilitic symptoms and postponed their appearance, more or less, but at the same time increased the number of the red blood-cells in the blood, and maintained them at a relatively high average.

A continued experience with the same method enables me now to assert that no detriment of any kind that I can discover in prolonged observation after the treatment has been stopped, attaches to the treatment—there is no deleterious after-effect, no damage inflicted upon the patient.

These statements I believe now to be demonstrated facts—I say demonstrated, because no one has controverted them, and they have been before the profession since 1876.

One serious effort has been made to controvert the statement that mercury continuously used in small doses is a tonic. A gentleman in Germany, named Schlessinger, undertook to upset the theory by a protracted set of experiments upon animals, and

published his results in an extended thesis. He found that the long-continued use of mercury in animals did increase the number of the red blood-cells and maintained a high average of the same; the exceptions, if I remember rightly, were the hen, and, I believe, also the goat, but in the main the same result obtained in animals as in man. Yet his dog, which he kept caged for a year, grew over-fat, and when the mercury was suddenly intermitted and he was turned out, he got diarrhœa and rapidly lost flesh—an occurrence not to be much wondered at, on account of his changed conditions as to exercise. When this dog was killed, there was fat between the muscular fibres of the heart, and the same between the tubules in the kidney, while there was an atheromatous patch upon the aorta.

The temperature also was not changed (as after the use of iron as a tonic), and the excretion of urea was diminished—hence Schlesinger concluded that (1) mercury is not a tonic—(because it does not work in the same way as iron and other tonics), and (2) that it tends to produce accumulations of fat, and to lead to degenerative processes, and that the increase in the number of blood-cells, which is most obvious, is due not to an acutal increase in their number, but to an arrest in their death—they live longer and do more work.

Accepting all these statements, I still maintain that mercury is essentially a tonic for all practical

purposes. I, further, do not believe that mercury, long-continued *in small doses*, produces either an accumulation of fat, or leads to fatty degeneration, much less to atheroma, for a long and unbiased observation has failed to disclose these things to me. That a healthy dog caged for a year, dosed with mercury and deprived of his exercise, should run into fatty degeneration, I believe to be quite natural; but a man does not copy the same conditions, and practically he does not grow fat under the prolonged use of mild doses of mercury; moreover, the dose to the dog may have been somewhat excessive for him.

It is idle to maintain that this so-called tonic treatment is the only correct course. I do not so maintain, but I do hold that it is a good course, that it is generally efficient, that it is well borne as a rule, and that no possible injury comes of its use. It is the best course I know, and if I had syphilis myself I would prefer it to any that I know or have ever heard of.

No special form of mercury need be employed in carrying out this treatment—any kind of mercurial preparation that can be taken internally may be used.

Here, again, I have been judged by the profession, and my generalizations narrowed down to very small limits. I am constantly confronted with the statement that "my treatment of syphilis is by the long-continued use of the protoiodide of mercury." This is not a fact. I use also grey powder, blue pill,

corrosive chloride, calomel, biniodide, tannate of mercury, or any form—in selected cases.

It is not the form of the drug upon the value of which I insist, but rather upon the form of the course —continued use of mild tonic doses.

I generally, it is true, use the granules of the protoiodide, one centigramme each—and I use those made by Garnier and Lamoureux, sugar-coated, because I find them reliable and generally uniform. They may be obtained all over the country, and are the same wherever found. They do not change in hot climates. They do not stick together. I have selected them on account of these qualities and for no other reason. The protoiodide as freshly put up by the apothecary—the green iodide—varies greatly as found in one shop and another. It is unstable and does not keep, undergoing changes from exposure to light and heat, and from simple lapse of time. So that if a patient is taking a given dose of protoiodide, made up in New York, and his prescription gives out in Chicago, the pills he receives there, if freshly made, are liable to have a different effect from those he has been taking.

On this account, and on this account only, it is desirable to have a uniform and unchangeable preparation that will be found of about uniform quality everywhere.

Finally several manufacturing pharmacists have come to me with a beautiful yellow iodide of mercury,

and have convinced me that this is the chemically pure protoiodide while the green iodide owes its color to impurities. On this account I have been asked to adopt a yellow iodide—but why? I do not use the green iodide because it is green, I do not care whether it is pure or not. I use it because it is uniform (when sugar-coated) manageable and effective —and I see no reason to change it because it is impure. Indeed, I know that the French granules are very impure. Crack a granule and one may see inside the sugar coating first a purple layer—iodine liberated under the sugar coating—then rub down the contents and use a strong glass and there will appear metallic globules of mercury and often a faint bright red line—the biniodide—both products due to a partial decomposition of the green iodide.

I know therefore that the granules are very impure—but I use them because they seem to be uniformly impure, and because their effect is continuously reliable. The yellow iodide granules I tried patiently. They are too strong for general use, too irritating; they, too closely, resemble biniodide preparations in their general effect. Truly they might be used in smaller—perhaps milligramme granules—but still their general irritative quality would be in my opinion unnecessarily pronounced.

I do use the yellow granules in selected cases, notably when constipation is a natural tendency; for then sometimes the green iodide granules do not

carry themselves off and too great a mercurial effect is induced.

This brings me to state why I select the green iodide at all, as a proper drug with which in most cases to follow out the tonic treatment of syphilis. It is not because generally speaking I consider it the best mercurial preparation, but because I consider it medicinally speaking the very worst—possibly not the very worst, because the red (biniodide) and the yellow (pure protoiodide) are still worse,—medicinally speaking.

Most of the other mercurials are better, the blue pill is more bland, the grey powder milder, the bichloride far more prompt, more effective, and in minute doses I believe more actively tonic; but these drugs are like a two-edged sword, potent for harm as well as for good. It must be remembered that the tonic treatment of syphilis puts the responsibility very greatly in the patient's hands. It does away a good deal with the old pottering method, which compels the patient to show up every few days and have his prescription changed. The patient knows what he is taking, and why he is taking it; and he may go off for a month or longer after his "tonic dose" is regulated, and only need show up when something new appears.

The mild and the bland, and the sharply efficient mercurials are not usually as trustworthy in such a course. Their influence is too insidious, and with their use the patient may be on the verge of, or

actually in a state of, salivation before he fairly knows it.

This is not likely to occur if he uses the protoiodide. This drug is irritating. It irritates the intestinal tract. If a patient from some change of condition, some irregularity of diet, some excess of acids ingested, some cumulative effect of the drugs, is in danger of getting beyond the tonic influence, the protoiodide generally gives him the most efficient warning in the shape of griping pains and loose diarrhœal movements; and, though a fool, he can appreciate this, and stop his medicine until his digestive commotion is over. Not so, perhaps, if he were taking one of the more bland and efficient forms of mercury. They might get him beyond his tonic influence and into trouble without proper warning.

This bad quality of the protoiodide, therefore, is its safety. The quality is possessed even in a greater degree by the yellow and the red iodides, but here the irritative quality is too great, and the drugs not suitable for very general use.

Sometimes even the green iodide is too irritating to be used. I have encountered patients more than once who could not take even one centigramme a day of the green iodide without having immediate intestinal pain and diarrhœa. In such cases, manifestly, the protoiodide is not a proper drug to use, and some other form of mercurial has to be selected.

I hope I have made these points clear. (1) In

my opinion the tonic treatment of syphilis is not curative by reason of the tonic dose used, and (2) the protoiodide is the best drug to employ, not because it is any more tonic or any more curative than another, but because it irritates the intestine when used in any excess, and therefore is safe in the patient's hands.

FALLACY NO. IX.

Mercury cures syphilis !

This is and is not a fallacy, yet it is so positively true that its discussion finds a natural place here. If it does not cure syphilis there is no other drug that will, as far as I know, and the fact that it has stood the test of centuries of use and abuse, that it has outlived strong popular prejudice, that it is to-day the most universally employed of all drugs in the management of the disease, goes largely to prove that in the minds both of patients and the profession it is curative.

Furthermore it is resorted to by those who believe that its effect is pernicious when they have to do with cases of particularly severe type which do not get on well with other remedies. Thus, Diday, of Lyons, claims that the type of syphilis, as he encounters it, is mild, and that mercury is not required in its treatment yet in all severer cases he uses the drug. So also Boeck, of Christinia, that honest and gentle apostle of syphilization, told me when he was in New York, that when syphilization failed to control symptoms, he also after a time had recourse to the ordinary drugs—notably, however, to the iodide of potassium in the case of gummata—which latter he claimed were rarely, although occasionally, encountered after treatment by syphilization.

This fact, by the way, the occurrence of gummata after non-mercuric treatment, ought to weigh largely in proof of the lack of connection between the early use of mercury and the subsequent development of tertiary lesions—a connection which has been asserted to exist by all anti-mercurialists.

But to return to the subject in hand: Does mercury cure syphilis? Perhaps not. It surely causes the symptoms to disappear, but then, as a rule, they continue to reappear during a certain rather long period, and finally in a majority of instances they cease to reappear. Is it then the mercury that cures the disease or is it Time, and does the disease only really cease after the individual has exhausted his capacity to produce symptoms. Certainly mercury does not cure the disease actually, nor does it in my opinion materially shorten its natural period of existence. It is not uncommon to read in connection with this or that method of using mercury in the report of a case—so many inunctions, so many injections, so many perigrinations or what not, and a remark that the patient is discharged cured—that he returned with what is called a relapse later. Surely this is no cure. When a patient with tertian ague has a good day he is not well. To be well he must go over in safety not only a day upon which a paroxysm was due but often a seventh day and sometimes a twenty-first day, before the prudent physician pronounces him well.

On the other hand very many patients go through

all their syphilitic manifestations without ever taking mercury and at last they get well—at least symptoms cease to appear, they remain for long periods, perhaps indefinitely, free from evidences of disease, and finally die of something having no connection with the original disorder.

Therefore, perhaps it is Time, and Time only, that cures syphilis; but still this is no reason why mercury should not be used, since its power over symptoms is well known, and since ample testimony asserts that it does no harm. Measles and scarlet fever run their course; medicines certainly do not cure them, but this is no reason why means that comfort the patient and moderate the intensity of symptoms should not be employed.

Yet the question is: Does not mercury do more than simply moderate or control symptoms? Does it not help to cure the disease itself by actually antagonizing and gradually overcoming the poison? I personally believe that it does this. I believe that it not only controls and abolishes symptoms, but that its continued use renders the next coming out-crop less intense, and that it postpones its appearance to a period later than that at which it would have shown up had no mercury been used—therefore it saves tissue, prevents scarring, and shields the functional activity of organs whose quality would have been deteriorated had the full force of a given syphilitic lesion been allowed to expend itself upon them—a

force that is restrained and moderated by the action of mercury.

I believe also that tertiary symptoms, though by no means prevented by the use of mercury, are certainly less common in patients who have taken a prolonged and effective mercurial course—other things being equal—than in others who have not had the benefit of such a course.

I base this assertion upon a reasonably long personal observation. My own professional life is only twenty-four years, but during sixteen of these years I was constantly associated with Dr. Van Buren, and constantly seeing patients that had been treated mercurially by him for syphilis at varying dates previously. His case books, now in my possession, commenced in 1847, therefore the scope of my observation is practically forty-three years. Dr. Van Buren, as is well known, was largely interested in venereal and genito-urinary work during his entire professional life, and the number of his cases was very considerable; yet an immense majority of the cases treated mercurially for long periods during their earlier years, have entirely escaped tertiary manifestations. Exactly what the percentage is I cannot say, but I know that the number is relatively very small, and that the severe cases of late disease that I have encountered have come from outside sources.

Undoubtedly a certain number of cases do suffer severely in the late period, in spite of any variety of

earlier treatment, but less, I believe, relatively, are supplied out of the number of those who have undergone efficient and prolonged mercurialization during their earlier years of disease, than from the other number treated by other methods or by irregular and excessive mercurial courses.

On a question of this sort, perhaps some further testimony is needed to be convincing, outside of my personal impression and statement. Without, therefore, going learnedly into authorities, which a running commentary of this sort does not justify, I think I can sum up a little quite recent evidence very properly by giving the views of some well known gentlemen as expressed in the discussion on tertiary syphilis in the International Medical Congress of Dermatology and Syphilography, at Paris in the summer of 1889.

The discussion turned mainly on the relative frequency of tertiary syphilis, and the conditions that favored its development.

Dr. Newmann, of Vienna, believed that the condition which most prominently favored the appearance of late lesions was a neglect of early mercurial treatment. He granted, as all must do, that certain cases which had been allowed to go untreated, yet escaped tertiary disease, but he believed such cases to be exceptional, and he believed also that many other cases suffered from tertiary symptoms because their mercurial course had not been sufficiently active and not sufficiently prolonged.

He mentioned also as factors in the causation of tertiary phenomena, tuberculosis, malaria, diabetes, old age, alcoholism, unhygienic surroundings, anything that tends to weaken the organism and lessen its power of resisting disease.

He did not think that tertiary symptoms bore any relation to the virulence of the original sore or the violence of the secondary manifestations.

Dr. Fournier, of Paris, who is always statistical, presented an analysis of the 2,595 cases which he had observed in his own practice. According to these he believes that tertiary phenomena appear most frequently from the first to the third year after infection —especially in the the third year—decreasing gradually from the fourth to the twentieth year, being quite infrequent between the twentieth and the thirtieth years, it being phenomenal for tertiary syphilis to appear for the first time after the thirtieth year, although it is possible. In the first year also, the number is small, but he had seen the exceptionally large number of 129 cases, in which the tertiary manifestations appeared during the first year. Among his cases, 1,085 involved the nervous system—or excluding locomotor ataxia 681.

These statistics are given for their general interest—not because they bear directly upon the question under discussion.

Dr. Vajda, of Vienna, presented the statistics of the hospital admissions of tertiary syphilitic patients

in Vienna, for the years 1870–77—632 cases and of these 62 per cent. had not had any previous treatment at all.

The average date of appearance of the tertiary symptoms had been in cases not treated, three years and seven months; in cases which had been treated during the early stages, six years and four months. How efficient or prolonged this early treatment was he does not state.

Dr. Haslund, of Copenhagen, gave the statistics of 600 cases which he had encountered in his own practice. Of these 444 (74 per cent.) had not been treated previously at all, or had been inefficiently treated. He believes that alcohol, excesses, and chronic malaria are important co-operators in the production of tertiary symptoms and that the reason for the allegation that tertiary complications are especially common after extra-genital chancre, is because such chancre is liable to be overlooked or ignored, and the patient therefore less likely to receive efficient constitutional treatment. He believes also that cutaneous tertiary symptoms are the most common, next those of the nervous system, finally lesions of bone and the internal organs; as to date he expressed a belief that most cases of tertiary disease appeared within the first twelve years after infection.

Dr. Mauriac, of Paris, stated that, as near as he could estimate, the number of persons who suffered from tertiary manifestions varied between five and

fifteen per cent., taking all syphilitics to estimate from. The symptoms most commonly come on between the third and sixth year—according to his observation.

Finally, Drysdale, who formerly was an anti-mercurialist, stated that, in his belief, the proportion of those who develop tertiary symptoms, when not treated for their earlier symptoms by mercury, is about eight per cent. Since he had returned to the use of mercury, he believed that he could assert that its use had power in averting the appearance of tertiary manifestations, although he does not attempt to express it by giving any definite figures.

Thus it will be seen that an array of very reputable testimony from Austria, Denmark, France, and England, is in accord in ascribing to mercury a definite power in averting the appearance of tertiary syphilis—a fact that ought to be very consoling both to those who administer and those who take the drug.

This, then, seems to me to stand as a proof that mercury has curative power over the disease itself—as well as over the symptoms.

FALLACY NO. X.

The iodides are less harmful than mercury, and as effective in the treatment of syphilis.

This statement I believe to be clearly a fallacy. In the first place, I believe, and I think I have demonstrated, that mercury properly used, even over a period of many years, is not at all harmful, and that no deleterious immediate or after effects can be honestly ascribed to it. When mercury is used as it is generally—in fact always has to be during a certain part of the treatment,—in its specific, and not in its tonic dose, it is temporarily, perhaps permanently, harmful if the specific dose is carried too high (salivation) and maintained too long. But here, in spite of the moderate harmfulness of the drug, the old argument holds, and its employment is justifiable because if it be not used worse harm will come to the patient. Moreover, no judicious practitioner will keep up the deleterious specific dose any longer than the intensity of the symptoms and their obstinacy imperatively calls for. Practically used in syphilis, mercury is effective and is not harmful.

How does the case stand with the iodides? Their use also in moderate doses is tonic, in excessive doses the reverse. They, too, cause the early as well as late symptoms to disappear. They are indispensable in attacking gummata and in many conditions of the ulcerative and hyperplastic order occurring early in

the disease as well as late—notably some of the earlier tonsillar ulcerative symptoms accompanied by neighboring brawny induration. Why, then, are not the iodides as useful in the treatment of syphilis as the mercurials, and at least as little harmful?

In answer, I state it as my belief, that the iodides are (1) not so useful in opposing syphilis as mercury, (2) more likely to do harm, and, finally, (3) that it is squandering our resources to appeal to iodides for help in a great majority of cases of syphilis during the earlier months—say perhaps the first year of the disease.

1. The iodides are not so useful in opposing syphilis as the mercurials. This is evidenced by the greater rapidity with which the symptoms of early syphilis disappear under mercury if vigorously given, as in the mercurial fumigation, thorough inunction; and by the further fact, based largely upon the general consent of those who use both drugs, that while the earlier symptoms undoubtedly disappear, and often promptly under iodides, yet such disappearance is more rapidly followed by another eruption than when mercury is used; in short, mercury not only cures the early symptoms, but it postpones the appearance of the next succeeding outbreak, a thing to desired, because the other element in the case is at work night and day, namely Time.

Furthermore, the patient's morbid sensitiveness during the early months of syphilitic outbreak is to

be considered. He is shy of each pimple more or less that appears upon the uncovered parts, therefore it is not well to weight him with the pimples of acne on the face which are so liable to come out when the iodide is first used.

Indeed, this is one of the tricks of charlatans. Many and many a frightened patient, free from all evidence of syphilis, past or present, has consulted me for his fancied ill, alleging as the basis of his belief in his own syphilis that Dr. So-and-so treated him for a sore by giving him medicine which "drove the disease out in pimples on his face."

2. The iodides do harm—that is, they do harm in many cases if used in large doses for a length of time.

To be consistent, if one treats syphilis with iodides from the start, he does so not only to moderate symptoms, but with the express intention of curing disease. Therefore, the patient takes his drug more or less largely for a long period of time. Any alkaline medication long persisted in is liable in a certain percentage of cases both to upset digestion and to thin the blood. This is seen in those who abuse the use of bicarbonate of soda, and the same is true, although to a less extent, of the iodide of potassium.

Finally, heavy doses of the iodide long continued are capable of congesting and irritating the kidney, even producing transient albuminuria with hyaline

casts. This I have more than once seen, and noticed the casts and albumen disappear with a discontinuance of the drug.

If, therefore, there is no compensating advantage, why use iodides early in syphilis? They have a function even here, but it is for certain symptoms only, and then, in my opinion, only for intermittent use.

3. Using iodides in early syphilis is really squandering our resources and throwing valuable material to waste. It is something like the faithful bear who kills the fly upon his sleeping master's brow with a rock. It may kill the fly, but how about the master. It is like going into battle and employing all the reserve forces in the first charge. If the fortunes of war are against one, he finds his resources crippled or exhausted.

It is against the more serious possible ravages of the late symptoms that we should hold the iodides in reserve. There they have to be used without stint to save tissue and function, and it seems like folly even for those who admit the greater efficacy of the iodides to send a man to do a boy's work.

Finally, many patients become habituated to the use of a given drug, so that if it is employed for a time, a greater quantity must be employed later to produce a given amount of effect than would otherwise have been required. This alone is a sufficient reason for not using the iodides early in syphilis, for

it should be our effort not to make the patient take all the medicine he will stand, but rather to manage his symptoms with the least amount of drugging possible consistently with his safety and general advanvantage.

FALLACY NO. XI.

The treatment of syphilis consists only in the use of mercury and the iodides.

This notion has its stronghold among the younger members of the profession, and the inexperienced. Every graduate from a medical school thinks himself fully competent to manage syphilis. All he has to do is to make a diagnosis, and then give mercury for secondaries, and potash (as he terms it) for tertiaries, and he is sure to succeed.

This is very far from being the case. Outside of the intricacies of diagnosis in many conditions of obscure syphilis, tact and judgment are all—essential to the proper management of this protean and persistent malady. Were it not so, patients would do as well in the hands of one honest practitioner, as in those of another, which is obviously not the fact.

All attention must be paid to the various surrounding internal and external modifying influences, which are more or less constantly at hand, if the patient's loyalty to treatment is to be maintained, and his course to be made as smooth as possible under the circumstonces. In each case the patient must be studied and treated as well as the disease. Diathetic influences have to be considered, the patient's habits, his hygienic surroundings, the state of his blood, his greater or less anæmia, the condition of his digestive

machinery, his capacity for, and tolerance of, drugs in one form or another.

Many a patient will fail to get well upon mercury or the iodides given in one form, or by one method, when a change in that form or in the method of administration will promptly yield a brilliant result.

I have seen patients absolutely refuse to improve under the internal use of mercury, and promptly change for the better when inunction, fumigation, or hypodermic medication was resorted to.

I have seen patients grow worse under iodide of potassium, and improve when the sodium salt was substituted—or fail to respond to the iodides as ordinarily given, and yet to be able to take it effectively in milk or carbonated alkaline water. I have frequently seen a stomach intolerant of an effective dose of iodide, take the same dose and a larger one without complaint after a change of food, or a change of air.

In the common straightforward case, often the routine use of mercury and iodides is practically all that is called for; but in others, all of ones therapeutic and dietetic resources are taxed in order to accommodate the organism to the necessary medication.

No care and attention is thrown away in this study, and to be most effective the physician should be the friend and counsellor of the patient as well as his doctor.

FALLACY NO. XII.

Syphilis in the parent often shows itself as scrofula in the children.

This, in my opinion, is altogether a mistaken notion. Syphilis in the parent, if transmitted at all, is handed down as syphilis, and as nothing else.

The whole question of the transmission of syphilis by inheritence is still *sub judice*. If the mother is in a condition of acute syphilis, all observers are in accord that the child is also syphilitic. The mother very often first aborts, perhaps several times successively, then is delivered of a dead child, then of a child apparently healthy, which, after a few weeks, shows up its syphilis by snuffles and a variety of eruptions; gets jaundiced, has an aged aspect, and a cracked quality in its vocal sounds, and shortly dies—very likely in convulsions. The next following child dies also, at some later period of its existence. Finally, a child is born apparently healthy, but it has bone disease, probably rickets, grows up with notched central incisor teeth in the upper jaw, has the syphilitic countenance, and later interstitial keratitis with some ulcers in its mouth, and perhaps gets gummatous disease of the bones of the nose during adolescence, deafness, or some more serious expression of tertiary syphilitic disease, which may or may not terminate its existence.

But all this is syphilis, and not scrofula. The

symptoms when they yield at all, do so to the same treatment that controls syphilitic manifestations in the adult.

Finally, such a mother may have a perfectly healthy child, which may grow up without ever showing any indication of the possession of the syphilitic taint in any of its various forms.

When the father is syphilitic, and the mother uncontaminated, the question is still open and under warm discussion as to what happens.

The leading view taken by a majority in the profession is that such a child, while it may be healthy, is quite likely to be diseased—in a syphilitic way; yet there is a large and reputable minority in the profession which maintains that syphilis in the father is not transmitted to the child under any circumstances, unless the mother is also syphilitic.

I shall not attempt to give the two sides of this argument here. There is much to be said on both sides, but this is not the place for it. Certain it is, that the child of a syphilitic father, who marries five years after chancre, having himself had a thorough and prolonged mercurial treatment, and the mother being healthy, certain it is, according to my experience, that the children of such a union remain perfectly healthy so far as syphilis is concerned. I have yet to see in my own practice a single instance to the contrary.

My belief is, this rule is invariable. Many sources

of possible error exist in studying this question. I cannot go into the matter fully here, but I will simply state that the past history of a woman is much more difficult to get at than it is in the other sex, and that women, from ignorance or a more subtle motive, may make it impossible for the truth to be arrived at under any system of examination or cross-questioning.

I will give two personal instances in point which to me are full of interest.

A young gentleman, many years ago, came to me with chancre, and asked me to examine for him a young and beautiful lady, the daughter of a distinguished citizen, who in the folly of youth had yielded her person to his embraces.

The lady had a chancre. I treated her continuously with mercury during about three years. Her secret was religiously kept. She moved in the best circles of polite society. Her elegance, her dress, and her beauty found their way into print in the fashion items of the daily press. Her symptoms, fortunately mild, but distinctive when they did occur, never attracted attention in her own family circle, and she passed through her entire course of treatment without ever exciting the suspicion of any one. She has now been perfectly well for many years, and, indeed, after the first eighteen months had no symptoms upon her person except an occasional small mucous patch in her mouth.

Long before her disease was well, she had discarded her lover, and tried to force herself to the conviction that she was sound in health.

Now, let us suppose, a supposition that is entirely a possibility, that during the second year after her chancre she had married, and let us further suppose that her husband had had syphilis ten years previously, what would have been the result? Assuredly, a syphilitic child, a (seemingly) healthy mother, and the source of disease imputed to the old and extinct syphilis of the father. Fortunately, in this instance there has been no marriage.

The other case in point is this: A gentleman came to me with a syphilitic child, the disease said to have been contracted from a wet nurse in the South. He also was syphilitic, the source of his malady being imputed to the child. The mother seemed to be a blooming specimen of most perfect health.

After a year these people came back to me from the South, bringing a new baby which was manifestly syphilitic. It had extensive mucous patches on its lips and was being suckled by a wet nurse to whom it had given chancre of the nipple, which chancre I saw and treated.

The mother was still in blooming health and declared that she was not, and never had been ill. I kept her in town for some time under close observation, and finally was rewarded by detecting in her mouth a full crop of mild mucous patches, and dis-

covering upon her entire body a marked fine maculo-papular syphilitic eruption, accompanied by some moderate glandular engorgements.

I showed her these symptoms and assured her that she also was syphilitic, but she would not believe me. She asserted that the mouth spots were caused by indigestion, and the eruption by the warm weather. She took a few mercurial pills at my earnest solicitation, always under protest, but she soon ceased taking them, declaring that she was, and always had been well. She had no anæmia, no headache, no loss of hair; positively nothing except her short-lived crop of mucous patches with the eruption, which were as brilliantly pathognomonic as any possible array of more prolonged symptoms.

Her child died syphilitic. Later she had another which never had eruptions but died suddenly in convulsions. Then a child which had some muscular atrophies but still lives although an imperfect specimen physically speaking.

Finally a child in perfect health. All this took place without treatment, the mother asserting her confidence in the fact that she was not, and never had been diseased. Had I not had the good fortune to catch her in her one mild eruptive demonstration of disease, it would have been impossible for me to have asserted that she was syphilitic, but she certainly was so, and had she nursed her children she would surely have demonstrated Colles's law, that a syphilitic child

cannot give chancre of the nipple to the mother who nurses it.

I might still further multiply instances, but these two cover a greater part of the ground—and this pamphlet does not aim to be controversial.

But to return to the question of scrofula. Scrofula is a tubercular malady. A patient with syphilis may himself have also scrofula, or his wife may have it and show no visible sign. The issue of such parents may, of course, be scrofulous, and possibly, if the condition of the parents was low in a general way, because of syphilitic disease at the moment of conception or during gestation, the child is more liable to show scrofulous symptoms than if the parents had been in better condition, but I do not believe that because of syphilis the child will be any more scrofulous than if the parents at the time of conception, and during gestation, had suffered from ship-wreck, privation, stravation, bad hygiene, malaria, or any other debilitating condition.

Certain ulcers and bone and skin diseases, and glandular enlargemeuts in children of syphilitic parents, are certainly called scrofulous, but they get well under anti-syphilitic medication if at all—a fact that cannot be asserted of true scrofulous conditions of apparently similar character but of tubercular nature.

Syphilis might be wiped out from the face of the earth, such, at least, is my personal belief from what I

have seen, and scrofula would flourish none the less. Cod-liver oil, tonics, iron, and hygienic surroundings, may, and do also, more or less, improve the physical condition of the syphilitic child, but this by no means proves that its malady is scrofulous—for the same medicines, hygienic and dietetic means, are equally valuable to the broken-down syphilitic who has acquired his disease in the usual way.

FALLACY NO. XIII.

The Hot Springs of Arkansas have some especial effect in modifying the syphilitic poison, curing the disease, or at least shortening its duration.

This fallacy is very widespread, but I believe it to have no foundation in fact. The Hot Springs have a certain positive value, in my opinion, bnt it is not this. I visited the Springs some years ago, and talked with many of the physicians who lived there. I remained ten days, aud accumulated considerable information. I have seen a great number of syphilitics who at one time or another in their malady have been to the Springs. I have sent a number of patients to the springs myself, and I have seen incalculable benefit derived from their treatment at that place. I have advised large numbers of other syphilitics not to go to the Springs. I have done this honestly and, I believe, to their advantage.

I have, therefore, some definite views upon the subject; views, I believe, not biased by prejudice, and these I shall proceed to unfold, for I believe a correct idea of what may be expected from the springs is a desideratum. If I am wrong in my conclusions I regret it, and can only state in justification that I have used all the common sense I happen to possess, aided by personal inspection and much evidence derived from the observation of patients, in reaching my conclusions.

To begin with, when I was on the spot, I soon learned that there was no common consent among the physicians practicing there as to either what it was in the Springs that did the good, or the manner in which the supposed therapeutic agent acted.

One thought it was the heat, another magnetism, another electricity, another silicon in solution. Most believed that there was real virtue in the water; but one gentleman of very high position and experience there, assured me that, in his opinion, there was really nothing of any value in the Springs; that the hot-water was like any other hot-water, and that the reason why patients, as a rule, did better in regard to their symptoms at the Hot Springs than at home, was because they came to the Springs frightened and determined to make a serious effort to throw off their malady; therefore, they obeyed instructions, took their medicines as ordered, gave up tobacco and alcohol, took a proper diet and exercise, rested their nerves, and kept proper hours. He assured me, also, that it was his belief that if the same patients would do the same things, including the use of common hot-water, at home, they would do equally as well as at the Springs.

This may seem like a startling statement, coming from a man in high position, of large experience and very successful with his patients at the Springs.

There are a number of springs on the spot, along the main avenue of the town. They are alleged to

contain various ingredients in different proportions in the varying springs,—iron, sulphur, etc.,—but in truth they are all remarkably weak in mineral ingredients; and, to my mind, it is exceedingly doubtful whether any of the salts they do contain possess the least value in effecting what the water is supposed to effect.

This may be made more clear when I state the fact that the water of one of the most popular springs is used, when cold, for ordinary drinking water at the table of one of the largest hotels. It is as clear as a crystal, and absolutely without medicinal effect of any sort or description that I could discover—being in fact an admirably pure drinking water.

Another evidence going to show that there is nothing in the mineral composition of the water that possesses value, is the fact that nobody pretends to bottle it for export, or to assume that it has any value —except when used directly at the springs.

When the water is hot, however, as it flows out of the rock, it has certain peculiar properties, some of which I personally tested, and it is in the value of this heat, as above other heat, that the quality of the water, as a healing agent, is by most people—and I agree with them—believed to reside.

All sorts of assertions are made about the heat of this water, which I did not test because I considered them unimportant. For instance, it is alleged that if water be caught in a vessel as it pours from

the rock, and its deat accurately tested by a thermometer, and in a similar vessel other common water be placed which has been brought by boiling to exactly the same degree of heat—and then these two vessels be placed side by side under similar circumcumstances,—that the hot-spring water will lose its temperature very much more rapidly than the artificially heated water, down to a certain point, after which the artificially heated water when it catches up with the natural specimen in its loss of heat, will cool faster than the spring water; in short, the spring water loses heat rapidly at first, then retains what is left a long time, in this way not acting like common hot water.

It is also alleged of the Hot Springs water, that if a wire be thrust up the small stream into the rock, enough electrical current comes through it to deflect the needle. It is stated also that the clean, bright blade of a knife may be magnetized by holding it in the current of the running hot water.

All these things I do not know from personal experiment, because I did not think it worth while to investigate them, but I did look into the action of the water in a practical way, and I promptly convinced myself that its quality of heat was not the quality of heat of ordinary hot water. For instance, the hot bath that one takes at the Springs is not from the water as it runs out of the hill-side. A quantity of this water is collected in a reservoir, where it cools,

and this cooled water is mingled with the hotter natural current until a bath is prepared at 98° F. This temperature of water, as anyone may readily convince himself, is not very hot. One may take at home a bath of 98° F., and not be over-heated by it, even if he drinks some water as hot as he can sip it at the time. But the result is totally different at the Springs. Here one lies in his bath at 98° F., and sips a little hot water, which the attendant hands him, and presently, as he lies in the bath, the whole head and face breaks out into a profuse perspiration, the drops running off his hair and trickling down in a stream from end of his nose—at least such was the effect upon me.

I did not sit in the sweating room, but I entered it, and saw others sitting about in blankets and drinking hot water, with pools of sweat running off them, an effect which cannot be reproduced in New York by the employment of ordinary hot water in the same way.

Another curious result which I observed to follow the hot bath was a sense of general exhiliration. Ordinarily, when one takes a hot bath, the immediate result is soothing rather than depressing. The tendency is to lie down, perhaps to sleep. Not so after the Hot Springs bath. The individul is a little keyed up by the bath. He passes immediately after it, without any special protection, from the bath house to his hotel. I did this without any idea of the pos-

sibility of catching cold. I found that the tendency was to sing or to whistle, to walk briskly, and to go up the hotel stairs two steps at a time. About a couple of hours later, however, reaction came on. Then there was experienced a certain languor with moderate depression and tendency to sleep.

These effects have not been noticed in my own person as the ordinary sequences of a hot bath.

Finally a demonstration of the rapid giving up of its heat which this water seems to possess is this: I placed a board across a bath-tub and sat upon it. Then I allowed water to run from the two faucets, the hot and cold, into the tub to a depth of almost four inches and mixed them well until the temperature of the water was 110° F. Then I endeavored to take a foot bath but found it impossible, the foot could not tolerate the heat of the water for a longer time than perhaps a second, after which the scalding pain made it necessary to withdraw the foot. I therefore took my foot bath by plunging first one and then the other foot into the scalding water, retaining it there as long as was possible, then withdrawing it for a moment and plunging it in again. With this alternating movement I took my foot bath, meantime holding a clinical thermometer in my mouth. The room was only moderately warm. The thermometer in my mouth was raised to 103° F.

At home I repeated the same experiment with Croton water. I found it possible to take a hot foot

bath keeping both feet continuously in the bath when the temperature of the water was 114° F. A thermometer held in my mouth during this test marked normal. A full prolonged hot bath at 104° F. only made the face slightly moist. No drops collected. Surely this is a decided difference, and I think establishes the fact that it is the peculiar quality of the heat in the water that accomplishes whatever it is that the water effects.

The actual stimulating properties of the water I heard much comment upon; but I did not have an opportunity to verify the statements. I was told that the baths aggravated acute disturbances, and intensified acute rheumatism, while they bettered the chronic forms. A fomentation with the natural hot water upon an acute abscess instead of soothing it was said to cause acute pain and to be unbearable. Malarial attacks were said to be intensified by the baths, and acute tubercular troubles also made worse. It was said that old ladies past the change of life, coming to the springs, sometimes again saw their menstruation return.

All forms of chronic ulcers seemed forced more or less into granulating under the stimulation of the prolonged contact with the water moderately hot, and this was said to be as true of the chronic varicose ulcer as of the scrofulous ulcer, or the old syphilitic ulcer.

The direct influence of large doses of the hot

water seemed to be to act as a diaphoretic, a distinct diuretic, and apparently somewhat as a tonic and appetizer, none of which qualities remained with the water after it had become cold. I did not personally observe any cathartic effect.

Now, I think that all these peculiarities of the water distinguish it from ordinary hot water. That ordinary hot water possesses some of them in a moderate degree I grant. I had a patient with a very obstinate ulcer on the back of his wrist. He was too poor to go to Arkansas. His specific doses of mercury and the iodides did not cure him, so I put him upon the Hot Springs method at home, with ordinary hot water in all its forms, baths and prolonged local fomentations. He recovered and his ulcer healed—but it stayed well only for a few months. So convinced was he, however, of the value of the new effort, that upon his relapse he got together enough funds to go to the Hot Springs, where he finally became, and remained, entirely well.

What then is the value of the Springs? I think it is this, that by reason of the diuretic and diaphoretic action of the water, a patient properly managed may take at the Springs, vastly more mercury and iodide of potassium without being either salivated or iodized, than he can at any other spot upon the face of the earth with which I am familiar, and thus the medicines, not the Springs directly, cure him.

If this is a fact, and I believe it to be so, the Hot

Springs possess very great value, and can be used when required for emergencies.

Ordinarily there is no object in running up mercury to a high dose, and the use of iodides beyond the point at which they fully control the symptoms is not only not necessary, but even harmful; perhaps it is better to say dangerous. Commonly, in the beginning, the middle, and the end of treatment, there is no occasion whatsoever, to push either mercury or the iodides to the point of tolerance. In a great majority of the cases in which it does become imperative to push either mercury or the iodides to the point of tolerance, it may be done just as well at the patient's home as anywhere else. There is no call or occasion for the assistance of the Hot Springs influence, and the patient most certainly does equally well without it; but there are occasions, and they are grave ones, when it is life or death, when an important function hangs in the balance, when the physician conversant with the treachery and possible reach of syphilitic lesions feels that he owes it to his patient, owes it to his own honesty as a guardian of the health of whomsoever it may be who puts confidence in him, to bend his energies to the work, and crowd in the specific medication in doses capable of overwhelming the lesions which he is attacking.

If the patient's vitality does not hold up under the weight of the combination of disease and heavy dosing, if the stomach gives out, then, and then only,

I think is the time to send a patient to the Hot Springs.

The physician is in the position of one who sees a child struggling in the water. If the child can swim a little, or if its clothing holds it up and the water is still, the rescuer may calmly walk out, swim out, or take a boat and row out, to pick up the child.

This is like what happens in ordinary management of syphilis.

But if one stands by a mill-race and sees a child whirling toward him in the water and about to go over the wheel, he must act boldly and without fear of consequences, or be recreant to his trust. If nothing better is at hand, it is his plain duty to grasp a boat-hook and fish out the child by its clothing, if possible; and if in his effort he dislocates a joint, breaks a bone, or tears the flesh, but saves the child, he has done his manifest duty. The Hot Springs for the syphilitic patient sometimes, in my opinion, makes the difference between the clothing and the limb. They may save the patient unharmed, when the physician could only pull him through without them at the ultimate expense of tissue or function.

I have quite an array of cases which, to my satisfaction, demonstrate this fact. I shall detail only two of them—although the experience has been repeated for me more or less brilliantly many times.

A gentleman, suffering from syphilitic symptoms, was sent to me by a physician because the latter

could not manage the case satisfactorily. This patient had had a brother who had died syphilitic some years previously, of what was called softening of the brain—although he was only in early middle life. I treated this gentleman to the best of my ability, and he got on sometimes well, sometimes badly, for a long number of months—but he was never quite satisfactory, either to himself or to me. He finally concluded to consult a very prominent specialist in nervous diseases, and under his management, as usual, did well and badly, until he concluded to return to me.

I resumed my efforts and got him into a fair condition, when the time arrived for me to take a vacation in Europe, and I instructed the patient to keep under the care of my assistant during my absence.

Some time after my return home, I learned from a relative of the patient, that the latter, when I went away, concluded, that as he had been long ill and had not recovered under my advice and that of other competent practitioners of regular medicine, he would do well to make a change, so he put himself under the charge of a homœopath in high standing in the community.

The homœopath, of course, assured him that his nervous symptoms were not syphilitic, that they were due to the fact that he had been over-dosed with mercury, and particularly with the iodide of potassium, and so commenced to dose him with minute pills and powders, the nature of which I did not think it worth while to inquire into.

The result was disastrous. All the symptoms became rapidly worse. The occular muscles became involved, the eyes crossed, paralysis of the left side came on, and the brain utterly gave out with symptoms of moderately acute mania.

Then his homœopathic adviser gave a fatal prognosis, told the family that the case was one of softening of the brain, and practically deserted the case.

When I resumed charge, the patient was in a pitable condition—a physical wreck. I employed in his case every expedient with which I was familiar—dietetic, hygienic, therapeutic—and endeavored to make up for lost ground, but without success. No method that I could devise succeeded in raising his dose of the iodide of potassium beyond three hundred grains a day, and this, while it upset his stomach and overwhelmed him with iodism, failed to control his progressive symptoms; his mania, his paralysis, his occular symptoms, persisted, became, indeed, aggravated, while his general physical state deteriorated.

Under these circumstances, I recognized that the time had come for a final effort, and I insisted that the Hot Springs must be tried. The patient was taken by a relative and a trained nurse to Arkansas. There he was put under the usual treatment, baths, heavy mercurial inunctions, and progressively increasing doses of the iodide of potassium. He at

first slowly, then rapidly, improved. He appropriated through his skin several ounces of mercurial ointment without becoming saturated, and his dose of iodide of potassium was run up to eight hundred grains a day—a thing which I had found absolutely impossible in New York.

He returned home after a time with his malady arrested, but still with a brain incapable of the least exertion, and it required several years of rest and persevering effort to re-establish his health. He had to give up his business absolutely for a considerable time, but finally he was rewarded. To-day he is practically a well man, and has long since left off all specific medication. His eyes are straight and his vision normal, he has no paralysis, he has returned to active business life, and is little else than a resurrection. Had it not been for the Hot Springs, I believe that he would have been food for worms long before this. or a vegetable in human form without intelligence.

In another instance a gentleman whom I saw out of town, had been so far given up that the wood out of which his coffin was to be made had been selected; since he lived far from a city and out of the region of anything elegant in the way of undertaker's goods. He was paralysed, bed-ridden, kept alive only by opium, cocaine, and milk. He could be moved only on his bed. The iodides and mercurials had failed. I ordered him a special freight car and had him put

into a bed in the car and sent with a physician to the Springs. There he tolerated the mercury and enormous doses of iodides, and was restored to many years of moderate usefulness, though he never entirely recovered.

So much for the possibilities of the Hot Springs in some desperate cases. All the bad cases, of course, do not get well there. The disease may have advanced too far for any medication to succeed. We fight disease, not death; we may cure an ulcer by medicine, not a scar.

Again it may happen, as it has to me on more than one occasion—though such cases are unusual—where a patient failing to improve at the Springs, manages to do better elsewhere. A most striking example of this occurred under my observation last year. A patient in very advanced syphilis, cachectic, and crippled by a gummatous knee-joint, after prolonged trial at the Springs gave up the fight there, not being helped, and was brought to me in New York by his physician. We both concluded that his case was desperate, nearly hopeless, yet by the hypodermic use of mercury (since the stomach refused it and inunction had failed) coupled with great attention to diet and the heroic use of the iodides, I was enabled to send him to his home in six weeks a well man. He resumed his business, and when I last heard from him, was in excellent health.

On the other hand, on many occasions a patient

has been seen by me with chancre, and on learning the nature of this sickness he has, either from his own conviction or by reason of the solicitation of his friends, fled away to the Hot Springs. These patients I have seen later and I have been unable to observe that their malady has been in any way benefited or in the least curtailed by their visit to Arkansas. I have also treated a considerable number of individuals who had made one, two, three and more visits to the Springs. The malady goes on just the same. They nearly always get promptly well of their symptoms when they go to the Springs, and they remain well for a certain time afterwards, but other symptoms come on later, and they find out generally that so far as being radically cured at the Springs is concerned, they have had their labor for their pains.

I feel justified in giving a similar opinion about the special courses at Aix-la-Chapelle. These Springs do not cure syphilis—no springs do it. Time alone brings the malady to an end, safely, and without leaving serious marks behind it, in the vast majority of instances where patients are faithful to an intelligently managed prolonged mercurial treatment.

That a given case may not get well and entirely well without mercury no one can assert. It is undoubtedly true that a man may cross the Atlantic Ocean safely in a small boat—it has been done—but he who prefers that course to taking a regular liner does not exhibit any remarkable degree of common sense.

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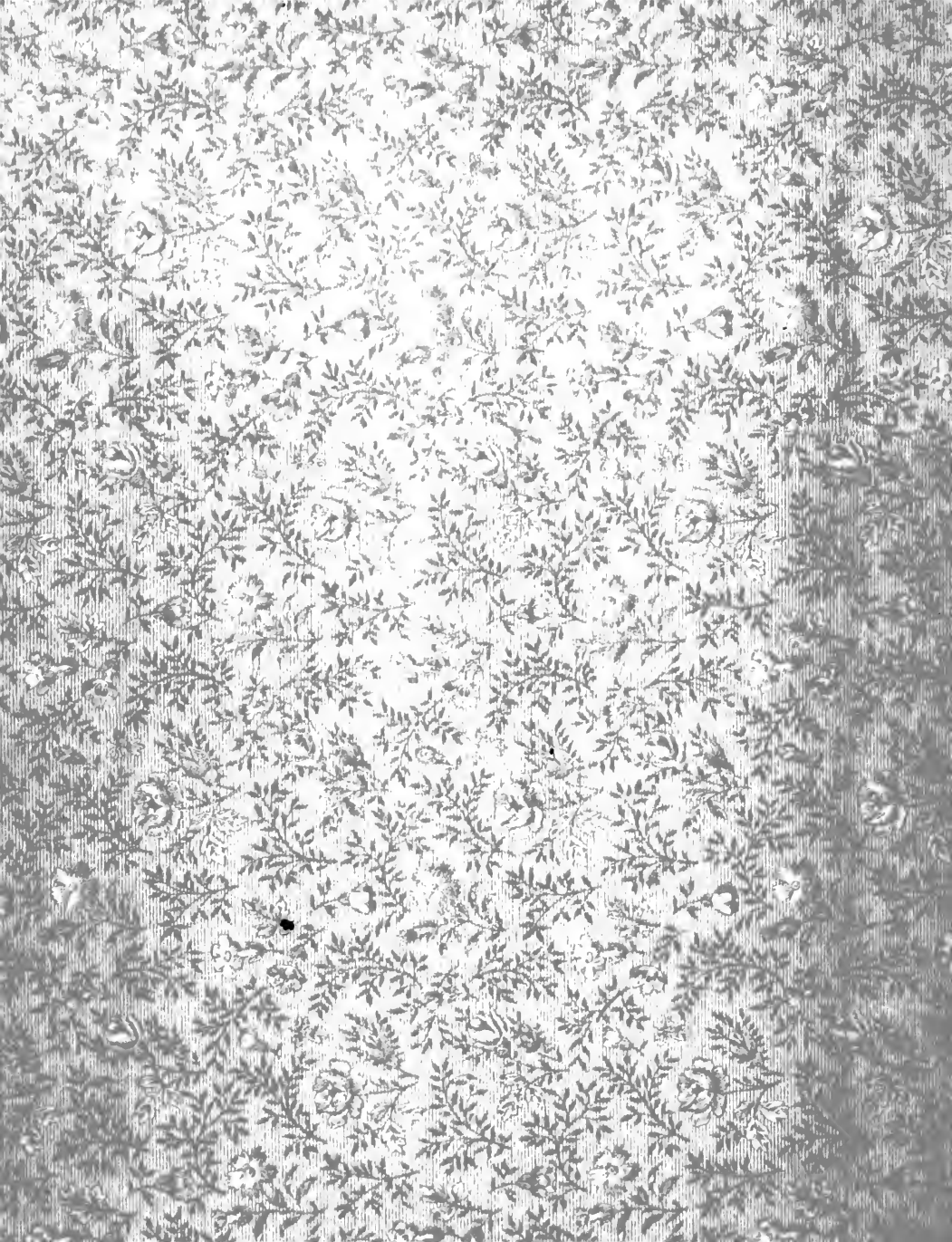

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